



**VOLUNTEER APPLICATION FORM**

**CONFIDENTIAL**

Please Print

<b>Name</b>		Last	First	Middle Names	
<b>Address</b>			City	Province	Postal Code
<b>Res. Telephone</b>		<b>Present Employer / School</b>			
<b>Bus. Telephone</b>					
<b>Present Occupation</b>					
<b>Language(s)</b>		Spoken	Written	Sign Language	

<b>Category of Membership Sought</b>		Have you ever been denied membership in, or had membership involuntarily terminated with St. John Ambulance or any voluntary community service organization? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Junior (6-10 years old)	<input type="checkbox"/> Adult Patient Care (18+ years old)	
<input type="checkbox"/> Cadet (11-15 years old)	<input type="checkbox"/> Auxiliary (18+ years old)	
<input type="checkbox"/> Crusader (16-20 years old)	<input type="checkbox"/> Therapy Dog Member	
<input type="checkbox"/> Other		

<b>First Aid Certification</b>	<input type="checkbox"/> Emergency	Class No.	Organization	Date
	<input type="checkbox"/> Standard			
	<input type="checkbox"/> Advanced Level I			
	<input type="checkbox"/> Advanced Level II			
	<input type="checkbox"/> Instructor			

<b>C.P.R. Certification</b>	<input type="checkbox"/> Heart Saver	Class No.	Organization	Date
	<input type="checkbox"/> Basic Rescuer			
	<input type="checkbox"/> Instructor			

<b>Professional Qualification</b>	Lic./Cert. No	Province	<b>Please circle</b>	MD.	RN.	RNA.	EMCA.	EMA.	E.M.T.
	<b>Health Care</b>			Class No.	Instructor				

<b>Present or Previous Membership(s) in St. John or other Volunteer Experience</b>			
Organization	Location	When	Task(s)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**A. FOR APPLICANTS 18 YEARS OF AGE AND OLDER**

**REFERENCES** (Two must not be friends or relatives and one must know you for two or more years)

	Name	Address	Postal Code	Telephone Number
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

*I understand that St. John Ambulance is required to carry out a reference and other verification check to determine my suitability as a member. Accordingly, I declare:*

**(PLEASE INITIAL EACH STATEMENT)**

- \_\_\_\_\_ That the above information is true and complete to the best of my knowledge.
- \_\_\_\_\_ I understand that a false statement or failure to abide by the membership policies or other misconduct may disqualify me from membership, or cause my dismissal.
- \_\_\_\_\_ I acknowledge and agree that information received by St. John Ambulance from my reference sponsors, will be held in strict confidence for the sole purpose of determining my membership eligibility. I further waive any rights conferred under any Freedom/Access of Information statute with respect to viewing or obtaining copies of any reference form in my file.
- \_\_\_\_\_ I certify that I have not been convicted of a crime for which a pardon has not been granted.
- \_\_\_\_\_ I consent to undergo a police records check as part of the selection process.
- \_\_\_\_\_ I acknowledge that any uniform, official material, or identification issued to me by St. John Ambulance remains the property of the organization, and must be returned upon my resignation, termination, transfer, or on demand.

**FOR MEMBERSHIP IN PATIENT CARE SERVICES ONLY (18+ years old):**

- \_\_\_\_\_ I understand that if a valid first aid certificate is required for the level of membership I am seeking, proof will be required before my application is approved.
- \_\_\_\_\_ I understand that as a patient care provider, I may be called upon from time to time to provide assistance to persons who have suffered physical injury or illness that may be contagious. I am not aware of any personal sensitivity or condition that would prevent me from carrying out my functions, including offering patient care to persons who have suffered physical injury or illness.

*I understand and agree to abide by the membership requirements of St. John Ambulance. I am unaware of any reason why I would not be a suitable member.*

\_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Applicant**

*I have provided all necessary information to the applicant and believe the applicant understands all membership requirements.*

\_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Interviewer**

**B. FOR APPLICANTS UNDER 18 YEARS OF AGE**

Applicants 16-17 years of age not residing with a parent or guardian may sign as adults age 18<sup>+</sup>.

*I understand that St. John Ambulance is required to determine the suitability of all applicants. Accordingly, I declare that:*

**(PLEASE INITIAL EACH STATEMENT)**

\_\_\_\_\_ The above information provided on this application is true and complete to the best of my knowledge.

\_\_\_\_\_ I understand that failure to abide by the membership policies or other misconduct may disqualify the applicant from membership, or cause their dismissal.

\_\_\_\_\_ I acknowledge that any uniform, official material or identification issued by St. John Ambulance remains the property of the organization, and must be returned upon resignation, termination, transfer, or on demand.

*I give permission for* \_\_\_\_\_  
(name in full)

*to be a member of the St. John Ambulance Youth Program and consent to him/her taking part in the program activities and events.*

\_\_\_\_\_ **Date** \_\_\_\_\_  
**Signature of parent/guardian**

*I understand and agree to do my best as a member of St. John Ambulance.*

\_\_\_\_\_ **Date** \_\_\_\_\_  
**Signature of Applicant** (under 18 years of age)

*I have provided all necessary information to the applicant and their parent/guardian, and believe they understand all membership requirements.*

\_\_\_\_\_ **Date** \_\_\_\_\_  
**Signature of Interviewer**

**FOR OFFICE USE ONLY**

<b>APPLICANT ACCEPTED / REJECTED BY:</b> <b>DIVISION # :</b>  <b>REASONS:</b>	<b>APPLICANT NOTIFIED BY (name):</b>  <b>DATE:</b>  <b>ORIENTATION/TRAINING DATE:</b>  <b>PLACEMENT/TRIAL/PROBATION DATE:</b>
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**THIS SECTION TO BE COMPLETED ONLY IF APPLICANT HAS BEEN ACCEPTED**

<b>MEMBER'S DATE OF BIRTH</b>  Day    Month    Year	<b>IN CASE OF EMERGENCY, NOTIFY:</b>		
<b>MEMBER'S MARITAL STATUS</b>  <input type="checkbox"/> Single <input type="checkbox"/> Married	<b>Name</b>	<b>Address</b>	
	<b>Relationship</b>	<b>Res. Telephone</b>	<b>Bus. Telephone</b>

**FOR DRIVERS POSITIONS ONLY**

<u>Driver License #</u>	<u>Defensive Driving Certificate?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Date</u>
Have you ever been denied a license, permit or privilege to operate a motor vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any license, permit or privilege ever been suspended or revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Please attach a record of any accidents or traffic convictions (moving violations only) for the past five (5) years</i>		